



2025 Continuing Education Registration Form

Register Online at <https://delawarestatedentalsociety.org/ce-series.html>

Doctors and staff must register on separate forms. Please duplicate this form for additional enrollments. If forms are mailed together, the complete total may be sent as one check or credit card charge.

Course Selections – Please check ALL courses/days for which you are registering.

Visit www.delawarestatedentalsociety.org/ce-series.html for upcoming CE offerings.

	DSDS/ADA Member	Non-ADA Member	Staff
<input type="checkbox"/> APRIL 11, 2025 – Speaker: Todd A. Fleischman, DMD At Hilton Newark (Wilmington/Christiana) The New Patient Experience and an Introduction to Relationship Based Dentistry Utilizing Dental Photography	\$335/\$385 Before/After Mar. 31	\$455/\$495 Before/After Mar. 31	\$195/\$225 Before/After Mar. 31
<input type="checkbox"/> MAY 2, 2025 – Speaker: Dr. Louis Kaufman At Rehoboth Beach Country Club Become Extraordinary- How Identifying with both Your Team and Your Patients Drives a Productive Environment and Delivers Care Patients Want	\$335/\$385 Before/After Apr. 21	\$455/\$495 Before/After Apr. 21	\$195/\$225 Before/After Apr. 21
<input type="checkbox"/> OCTOBER 10, 2025 – Speaker: Lou Graham, DDS At Hilton Newark (Wilmington/Christiana) A Sound Recession-Proof Restorative/Hygiene Practice	\$335/\$385 Before/After Sep. 29	\$455/\$495 Before/After Sep. 29	\$195/\$225 Before/After Sep. 29
<input type="checkbox"/> NOVEMBER 7, 2025 – Speaker: Peter Auster, DMD At Hilton Newark (Wilmington/Christiana) AI and More... Growing Trends in Dentistry - NEW!	\$335/\$385 Before/After Oct. 27	\$455/\$495 Before/After Oct. 27	\$195/\$225 Before/After Oct. 27
GRAND TOTAL:			

Refund Policy

All requests for refunds or cancellations must be received in writing no less than two weeks prior to the course. No refunds will be given after that time. Each cancellation and/or refund will incur a \$35 administrative fee: Registration funds are non-transferable.

Registration Category – Check One Only

Dentist Dental Assistant Dental Hygienist Office Staff Dental Resident (Complimentary)

NAME: FIRST _____ MI _____ LAST _____

EMAIL ADDRESS _____
(REGISTRATION CONFIRMATIONS WILL BE SENT BY EMAIL ONE WEEK PRIOR TO THE COURSE.)

EMPLOYER'S NAME (STAFF REGISTRATION ONLY) _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

OFFICE TELEPHONE _____ CELL PHONE _____
(for emergencies)

Payment (full payment is due with registration)

Check for \$ _____ is enclosed payable to **Delaware State Dental Society**.

Charge \$ _____ to my: MasterCard VISA

ACCOUNT NUMBER _____ EXPIRATION DATE _____ SECURITY CODE ON BACK OF CARD _____

For Information Call: 302-368-7634

Email: dedentalsociety@gmail.com • Website: www.delawarestatedentalsociety.org
Mail: DSDS, 892 Eichele Road, Perkiomenville, PA 18074

COURSE SELECTIONS

REFUNDS

REGISTRANT INFORMATION

PAYMENT